

- IV. Almost every conceivable ground for action has been employed but not one of these per se renders the operator liable to action. All depend on the single question, did he exercise reasonable care and skill in the operation and after care.

The surgeon must constantly recognize his potential liability. He is at liberty to operate wherever he may choose, but the operation is a capital one and whenever possible should be performed in a well equipped hospital.

The want of ordinary and reasonable care leading to a bad result is the most common of all grounds for action. To establish this, testimony of an expert witness is necessary. Most bad results are due to incompetency on the part of the operator. There is a pressing need for the public to be educated upon the importance of the tonsil operation and of the necessity of this being performed by a competent operator. The largest step in this direction is the recent organizing of the American Board of Oto-Laryngology, composed of representatives of the four national societies specializing in these subjects, which passes on the qualifications of candidates and when satisfied of their competency, awards a certificate of approval. General support of this movement by all the credited laryngologists will greatly assist in discarding the so-called "six weeks specialists." In spite of the fortunate experience of most of us in never having been annoyed by a malpractice suit, it is possible for it to occur to anyone even after the greatest care has been exercised. On that account the defense work done by the several state societies and especially that of our own state society is deserving of the heartiest commendation.

PROPOSED CHANGES IN THE CONSTITUTION AND BY-LAWS OF THE NEW YORK ACADEMY OF MEDICINE

The development of the work of the Academy during the last twenty years has indicated the necessity of altering and clarifying many of the provisions of the Constitution and By-Laws.

During the winter of 1924, the Council appointed a special committee on Constitution and By-Laws consisting of Dr. Herbert S. Carter, Chairman, Dr. John A. Hartwell, Dr. Royal S. Haynes, Dr. Fenwick Beekman and the Director.

This Committee has reported and recommended a number of changes. Those changes which refer to the work of the various committees in the Academy have been referred to the respective committees and have been studied and criticized and finally approved by them. The changes have also been discussed in detail at two meetings of the Council and were transmitted to the Fellows of the Academy at the Stated Meeting of December 3 for consideration.

The proposed changes in the Constitution are as follows:

Articles I and II are changed as to wording and there has been added as one of the objects of the Academy the promotion of medical education.

In regard to qualifications for Fellowship, it is proposed that citizenship of the United States be no longer required, that medical officers of the United States Army, Navy, and Public Health Service may be elected to Fellowship, without the payment of an admission fee.

It is proposed that Resident Fellowship shall include those who live within twenty-five miles of New York City Hall.

It is proposed that the number of Resident Fellows be increased by fifty and if the amendment to the Constitution is adopted, that Resident Fellowship shall include all those who live within twenty-five miles of New York City Hall, that all those who are now Non-Resident Fellows within this area shall become Resident Fellows and that the number of Fellows be increased by one hundred and seventy-five instead of fifty (there are at the present time one hundred and fifteen Non-Resident Fellows living within twenty-five miles of City Hall).

It is proposed that candidates for Associate Fellowship must be graduates of at least five years standing and that dentists, pharmacists and scientists if actively engaged in teaching or research are eligible for Associate Fellowship.

It is proposed that there shall be a Committee on Public Health Relations and a Committee on Medical Education and provision

for their appointment. The Committee on Public Health Relations is a more descriptive name for the work which is being done by the Public Health Committee. This Committee came into existence in April, 1911, after the Section on Public Health was abolished and was replaced by a committee of the Council, then known as the Committee on Public Health, Hospitals and Municipal Budget. In January, 1915, the Academy by a formal vote granted to the Public Health Committee certain powers and privileges. The same powers and privileges have been granted to the Committee on Medical Education in 1925, and these have been incorporated in the new By-Laws of the Academy.

The present Constitution provides that the Academy may reprimand, suspend or expel a Fellow, but the present By-Laws provide that the Council may reprimand or suspend a Fellow. It is proposed that the Council may reprimand or suspend, and that the Academy may expel.

The proposed changes in the By-Laws are as follows:

It is proposed that the order of business for stated meetings of the Academy shall be defined and all references to meetings of the Academy which in the present By-Laws occur under three different articles be consolidated in one.

It is proposed that the wording in regard to the Vice-Presidents be changed so that instead of making it the duty of one of the Vice-Presidents to assist the President when requested, it shall be one of the duties of the Vice-Presidents.

The duties of the Historical Secretary and Corresponding Secretary are limited as the major number of their duties are now carried on by the administrative office of the Academy, and it is suggested that the offices be abolished.

Provision is made for the appointment of a Director by the Council and his duties defined.

Committee on Admission—The proposed changes in the By-Laws specify that applications for Fellowship shall be made by a Fellow only, acting as sponsor for the candidate, and require the submission not only of evidence of graduation but also qualifications for practice and other facts relating to his hospital, laboratory and teaching connections.

The qualifications for Associate Fellowship are raised by requiring at least five years standing and the proposed change

makes eligible those who are actively engaged in scientific research or in teaching in subjects allied to medicine without including the words "other than medical, dental or pharmaceutical."

It is also suggested that a new section be inserted providing that whenever a candidate shall have been before the Committee for a period of eighteen months and no action taken, the name will be removed from the list and his sponsor notified by the Secretary of the Committee on Admission, but that such action will in no way prevent a re-application being made for such candidate.

Committee on Library—There are few changes proposed except that more authority is placed upon the Librarian and that the wording is generally clarified.

Committee on Public Health Relations—The new Article on the Public Health Relations Committee provides for a Committee of thirty members, one of whom shall be a representative of the Medical Society of the County of New York, to be appointed by the President to serve one year and grants the Academy's present authority to the Committee to make studies and issue statements and to appear before committees, boards, legislative or other bodies in order to make statements or express opinions on matters relating to public health and hospitals, with the approval of three-fourths of the Committee and the President of the Academy.

Committee on Medical Education—The Article on the Committee on Medical Education provides for a Committee of thirty members, one of whom shall represent the Medical Society of the County of New York, to be appointed by the President to serve one year and authorizes it to maintain a Bureau of Clinical Information and to publish descriptive matter relating to post graduate instruction in medicine and allied subjects in this country and abroad.

Scientific Sections—It is proposed that the election of officers shall be held in May instead of in December so that programs for the winter session may be prepared by the newly elected secretary, that the Treasurer act as treasurer of the sections and that the Academy send out section notices.

It is also proposed that the secretary of each section shall furnish the editor of the Bulletin with an abstract of each paper read at the section meetings and the Recording Secretary shall furnish the editor with abstracts of papers read at the stated meetings for publication in the Bulletin.

Dues and Fees—The article on Admission Fee and Dues provides that medical officers of the United States Army, Navy and Public Health Service may be elected Fellows without the payment of admission fees.

It is also proposed that a graduate of a medical school devoting full time to teaching or research may have his admission fee waived and his dues fixed at five dollars a year, but that such Fellows shall have no right in the property of the Academy, and if at any time such a Fellow shall take up the regular practice of medicine, he shall pay the admission fee and the regular dues of Fellows.

It is also suggested that dues for newly elected Fellows shall be pro-rated quarterly—that is, a Fellow elected in the last quarter of the year shall pay the dues for that quarter only.

It also provides that a Fellow may resign within one month of the mailing of bills for dues, provided all other indebtedness is paid.

PUBLIC HEALTH COMMITTEE

CONSOLIDATION OF MUNICIPAL HOSPITALS

Municipal hospital development in this city originated with poor relief. The hospitals evolved under the aegis of the overseers of the poor. The first differentiation took place in 1875, when responsibility for hospitalization of contagious disease cases, which hitherto devolved upon the Commissioners of Charities and Correction, was transferred to the then youthful Department of Health. The Department of Health now has jurisdiction over five hospitals, the Riverside Hospital, Willard Parker Hospital, Kingston Avenue Hospital and the Queensboro Hospital, and also the tuberculosis sanatorium at Otisville. Some of the problems with which these hospitals deal are different from those of the ordinary hospital. They constitute a part, as it were, of the